

**Work Order ID 114658**

March-11-14 2:53:36 PM

**\*114658\***

Page 1

Item ID: D4635-144

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Aft Ceiling Replacement Panel Assembly, RH

Start Date: 12/03/2014 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 12/03/2014 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-03-12

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr

Revision Nbr

D4635

E

100

0.00

**\*100\***

HandThermo

Memo

Hand Finishing Thermoforming

Pick Kit

0.00

1 CF 14-3-18

110

0.00

**\*110\***

Small Fab

Memo

Small Fab

Assemble as per Dwg D4635-144

0.00

✓ Scuff bonding surface to eliminate in-perfections and increase bonding and clean with wash& wipe

2- Locate and glue down Channel Assy, angles, brackets, and mounting pads using 3M Plastic welder II.

Batch # 312171Expiry Date 14-9-17

✓ Apply labels as per Dwg. and seal with 3M 3950 edge sealer

1 SMD 14/03/18

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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Work Order ID 114658

March-11-14 2:53:36 PM

\*114658\*

Page 2

Item ID: D4635-144

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Aft Ceiling Replacement Panel Assembly, RH

Start Date: 12/03/2014 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 12/03/2014 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC6- Inspect dimensions to drawing

0.00

DAS  
27  
9-89

0.00

14/13/20

\*120\*

QC

Memo

Quality Control

125

QC5- Inspect part completeness to step on W/O

0.00

DAS  
27  
9-89

0.00

14/13/20

\*125\*

QC

Memo

Quality Control

130

Identify as per dwg & Stock Location: med

0.00

\*130\*

Packaging

Memo

0.00

Packaging

① SAD 14/03/19

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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**Work Order ID 114658**

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**\*114658\***

Page 3

Item ID: D4635-144

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Aft Ceiling Replacement Panel Assembly, RH

Start Date: 12/03/2014 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 12/03/2014 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Memo

0.00

Quality Control

MLJ 14-03-20

MLJ 14-03-20

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Handling/Pre <input type="checkbox"/>									
Material <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Offset/Setup <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Transport <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

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Work Order ID: 114658

**\*114658\***

Parent Item: D4635-144

**\*D4635-144\***

Parent Item Name: Aft Ceiling Replacement Panel Assembly, RH

Start Date: 12/03/2014

Required Date: 12/03/2014

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev A New Issue 13/02/05 DL  
Dwg. Update 12/11/08 DL  
13/07/09 DL verf:DD  
13/12/23 DL

IPP Rev B  
IPP Rev. C Dwg. Update  
IPP Rev. D Dwg. Update Add Foam

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4635-4		Manufactured	No			100	Each	0.0000	1	1			
<b>*D4635-4*</b>									<b>**</b>	1		CF 14-3-18	
Aft Ceiling Panel, RH													
D4669-1		Manufactured	No			100	Each	3.0000	1	1			
<b>*D4669-1*</b>									<b>**</b>			SAD 4/03/19	
Bracket													
					<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>						
					MF3	3							
					111140	3	BH3256						
D4695-4		Manufactured	No			100	Each	7.0000	1	1			
<b>*D4695-4*</b>									<b>**</b>			1 CF 14-3-18	
Channel													
					<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>						
					MF1	3							
					111155	3							
					ST229B	4							
					113953	4							
D4732-11		Manufactured	No			100	Each	17.0000	1	1			
<b>*D4732-11*</b>									<b>**</b>			1 CF 14-3-18	
Label													
					<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>						
					MF4	17							
					111244	15							
					93361	2							

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Shop Packet Print

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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Work Order ID: 114658

**\*114658\***

Parent Item: D4635-144

**\*D4635-144\***

Parent Item Name: Aft Ceiling Replacement Panel Assembly, RH

Start Date: 12/03/2014

Required Date: 12/03/2014

Start Qty: 1.00

Required Qty: 1.00

D4732-39 Manufactured No

100 Each 18.0000 1 1

**\*D4732-39\***

Label

**\*\***

1 CF 14-3-18

Location

Loc Qty

Loc Code

MF4

18

11258

16

93182

2

D4732-41 Manufactured No

100 Each 18.0000 1 1

**\*D4732-41\***

Label

**\*\***

1 CF 14-3-18

Location

Loc Qty

Loc Code

MF4

18

11259

16

98240

2

D5022-5 Manufactured No

100 Each 2.0000 1 1

**\*D5022-5\***

Foam, Side Panel, Aft

**\*\***

1 CF 14-3-18

Location

Loc Qty

Loc Code

therm

2

11982

2

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Shop Packet Print

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

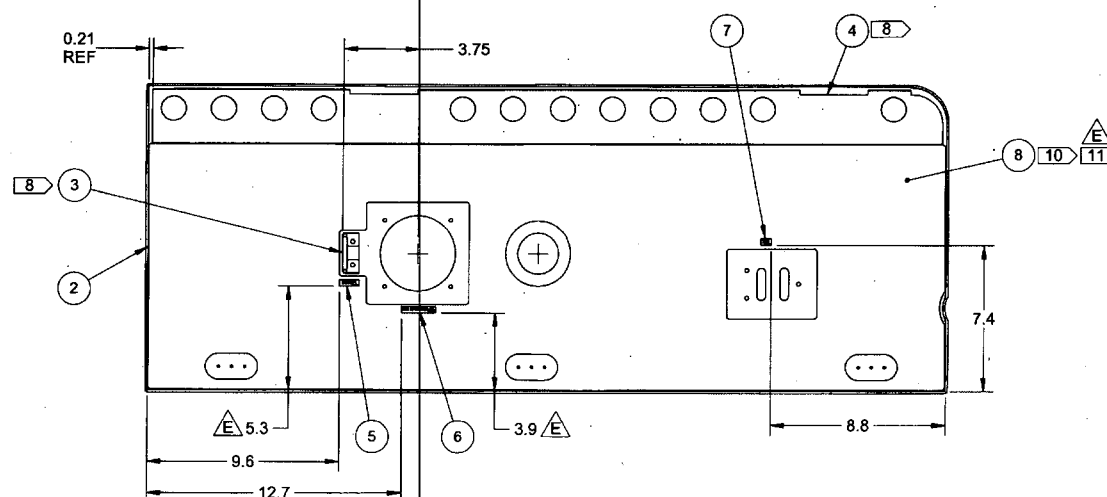
Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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ITEM NO.	QTY.	PART NUMBER	DESCRIPTION
1	X	D4635-144	RH, AFT CEILING REPLACEMENT PANEL ASSY
2	1	D4635-4	RH, AFT CEILING PANEL
3	1	D4669-1	BRACKET
4	1	D4695-4	CHANNEL
5	1	D4732-11	LABEL
6	1	D4732-39	LABEL
7	1	D4732-41	LABEL
8	1	D5022-5	FOAM, SIDE PANEL, AFT, RH



**D4635-144 RH, AFT CEILING REPLACEMENT PANEL ASSY**

**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A
- 8) APPLY A BEAD (0.20 TO 0.30 WIDE) OF DEVCON PLASTIC WELDER II (0.25 INSIDE OF BOTH EDGES OF PART) TO BOND D4669-1, D4695-4. WAIT FOR 2 TO 4 HOURS FOR FUNCTIONAL CURE
- 9) LOCATE LABELS AS SHOWN, SEAL LABELS USING 3950 EDGE SEALER OVER LABEL TOP SURFACE
- 10) APPLY AN EVEN COAT OF 3M SCOTCH WELD 1300L CONTACT ADHESIVE TO BOND D5022-5 FOAM CORE TO INSIDE OF PANEL
- 11) CENTER D5022-5 FOAM ON D4635-4

114058 MLC  
1403-12

RELEASED  
2014-01-22

DESIGN	RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF	DRAWING NO.	REV. E
CHECKED	BC	D4635	SHEET 12 OF 18
MFG. APPR.	BC	TITLE	SCALE
APPROVED	BC	OUTBOARD CEILING PANELS	NTS
DE APPR.	BC	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	
DATE	14.01.09		

